

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>10891</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>GEORGE</u> <u>VAUGHN</u>  P O Box, Bldg, Room No, if any  Street <u>4201 E BONANZA ROAD, SUITE 101</u>  City <u>LAS VEGAS</u>  State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>	4 Name, file number, and address of labor organization Name <u>SOUTHERN NEVADA LABORERS LOCAL 872</u>  Labor Organization File Number <u>001013</u>  P O Box, Building and Room Number, if any  Street <u>4201 E BONANZA ROAD, SUITE 101</u>  City <u>LAS VEGAS</u>  State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>
5 Position in labor organization <u>ORGANIZER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income          7 b Amount

### Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>George Vaughn</u>	On <u>8/15/05</u> <u>(702) 858-6739</u> Date Telephone Number

Name of Person Filing <b>GEORGE VAUGHN</b>	File Number U-
--	----------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any <input style="width: 90%;" type="text"/>  P O Box, Bldg , Room No , if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/>	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any <input style="width: 90%;" type="text"/>  P O Box, Bldg , Room No , if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 70%;" type="text"/>	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	<b>11 b Approximate dollar value of such dealing</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
	<b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<b>12 b Amount</b> <input style="width: 150px;" type="text"/>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name <b>OBA MIDWEST, LTD.</b>  Trade Name, if any <input style="width: 90%;" type="text"/>  P O Box, Bldg , Room No , if any <input style="width: 90%;" type="text"/>  Street <b>526 S TONOPAH DRIVE, SUITE 200</b>  City <b>LAS VEGAS</b>  State <b>Nevada</b> ZIP Code + 4 <b>89106</b>	<b>14 a Nature of payment</b>  <b>01/21/04 DINNER WHILE IN ORLANDO FOR LABORERS TRI FUND CONFERENCE</b>
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <input style="width: 150px;" type="text"/> <b>\$110</b>

Name of Person Filing GEORGE VAUGHN

File Number U-

## Part C Continuation Page

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name LABORERS' HEALTH &amp; SAFETY FUND OF N AMERICA

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006-1765

**14 a Nature of payment**

07/12/04 DINNER AT TRI-FUNDS CONFERENCE

**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment**

\$40

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**